10/736535

[Stic Search]

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  File 155:MEDLINE(R) 1950-2009/Jul 10
        (c) format only 2009 Dialog
  File   5:Biosis Previews(R) 1926-2009/Jul W1
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  File 144:Pascal 1973-2009/Jul W2
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  File  74:Int.Pharm.Abs 1970-2009/Mar B2
        (c) 2009 The Thomson Corporation


S1      67465   SCLEROSANT? ? OR SCLEROTHERAP? OR SCLEROS?(2N)(AGENT? ? OR
             INJECTION? ? OR DRUG? ? OR MEDICATION? ? OR MEDICINE? ? OR FO-
             RMULA? ? OR SOLUTION? OR FORMULATION? ? OR THERAP? OR TREATME-
             NT? ?)
S2      21736   S1/2004:2009
S3      45729   S1 NOT S2
limitall/s3
S4      15212   VEIN OR VEINS OR VENOUS OR VASCULAR OR VARICOSE OR HEMORRH-
             OID? OR HEMORRHAG?  OR HAEMORRHAG? OR BLEEDING
S5       3040   OCCLUD? OR BLOCK? OR OBSTRUCT?
S6       4482   PERMANENT? OR IRREVERS? OR "NOT"()REVERS? OR  LASTING OR S-
             TABLE OR FINAL OR LONG()TERM
S7        286   S4 AND S5 AND S6
S8        188   S1(S)S4(S)S5(S)S6
S9        105   RD  (unique items)
S10       595   PERMANENT? OR IRREVERS?
S11        71   S1(10N)S10
S12        64   S11 NOT S8
S13        32   RD  (unique items)
S14       102   S5(10N)S6
S15        32   S14 NOT (S12 OR S8)
S16        32   S15 AND S1
S17        22   RD  (unique items)
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9/7/18 (Item 18 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

13382862 **PMID:** 10193686
A practical guide to the management of oesophageal varices.

McCormack G; McCormick P A
The National Liver Unit, St Vincent's Hospital, Dublin, Ireland. germcc@svherc.ucd.ie
Drugs (NEW ZEALAND) Mar 1999 , 57 (3) p327-35 , **ISSN:** 0012-6667--Print **Journal Code:** 7600076
Publishing Model Print
Document type: Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Bleeding oesophageal varices are a frequent and sometimes fatal complication of portal hypertension. Prompt resuscitation and arrest of **haemorrhage** are the immediate short term priorities. Vasoactive therapy to reduce portal pressure is administered on presentation. Early endoscopy is necessary to make a definitive diagnosis and initiate appropriate therapy; usually emergency **sclerotherapy** or banding. After the acute **bleeding** episode, follow-up therapy is instituted either to obliterate the varices by **sclerotherapy** or banding, or to chronically lower portal pressure and hence reduce the risk of **bleeding** pharmacologically; a combination of both strategies may be also used. Active surveillance of those at risk of developing varices is advocated. Long term beta-**blocker** therapy has been demonstrated to be effective in both the primary prevention of variceal **haemorrhage** and the prevention of rebleeding in those who have already bled. Despite a multitude of therapeutic regimes and ongoing clinical trials, mortality from this condition remains disappointingly high. (37 Refs.)

9/7/53 (Item 53 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

09085387 **PMID:** 2645081
Treatment of esophageal varices.
Rice T L
Department of Pharmacy Services, University of Michigan Hospitals and Clinics, Ann Arbor 48109-0008.
Clinical pharmacy (UNITED STATES) Feb 1989 , 8 (2) p122-31 , **ISSN:** 0278-2677--Print
Journal Code: 8207437
Publishing Model Print
Document type: Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
The pathophysiology and treatment of esophageal varices are reviewed. The cause of esophageal varices is generally thought to be portal hypertension. The most common cause of portal hypertension in the United States is alcoholic liver disease. Other etiologies of portal hypertension include portal

vein thrombosis, schistosomiasis, and inferior vena caval obstruction by tumor or thrombus. Although short-term balloon tamponade and vasopressin infusion will control acute variceal hemorrhage, they do not affect the underlying problem and are not indicated for long-term treatment of esophageal varices. Surgical procedures either ablate varices or lower portal **vein** pressure. Portal-systemic shunts have emerged as the preferred surgical technique, but the superiority of total versus selective shunts is unclear. Pharmacological management can include administration of vasopressin, somatostatin, verapamil, or isosorbide dinitrate for short-term treatment or verapamil, isosorbide dinitrate, or propranolol for prolonged treatment. Use of **sclerotherapy** for treatment and prevention of **hemorrhage** from esophageal varices has grown recently. Because there are several **sclerosing agents** and combinations of agents available for use, assessing their relative safety and efficacy is difficult. Innovative approaches to management of varices include a shunt procedure involving the left lung, use of a tissue adhesive, and laser treatment. Because of its effectiveness and ease of administration, **sclerotherapy** appears to be a rational method of treatment for acute **hemorrhage** from esophageal varices. (80 Refs.)

9/7/80 (Item 11 from file: 5)
DIALOG(R)File 5: Biosis Previews(R)

09206767 **Biosis No.:** 198886046688
LASTING EFFECT OF SCLEROTHERAPY USING 5 PERCENT PHENOL ALMOND OIL PAOSCLE

Author: TAI A (Reprint); SASAKI S
Author Address: OSAKA KOHMON BYOIN**JAPAN
Journal: Journal of the Japan Society of Coloproctology 41 (3): p 287-294 1988
ISSN: 0047-1801
Document Type: Article
Record Type: Abstract
Language: JAPANESE

Abstract: We carried out a survey on the **lasting** effects of **sclerotherapy** using PAOSCLE which we applied to some patients with internal **hemorrhoids** in 1981. We sent out 200 questionnaires, of which 45 were returned. Of these 45 cases, 21 (46.6%) replied that they were in "good condition with no complaints". One patient who had died from an other disease, had been in good condition as regards internal **hemorrhoids**, as stated in a letter from his widow. The other 23 patients answered that their condition had improved only temporarily. Of these 23, 10 said that their condition had worsened. Studying these replies and charts, it became clear that there was a relationship between the duration of effect of PAOSCLE and the habits of daily life of the patients, e.g., presence or absence of chronic constipation. Histologically, we found that PAOSCLE produced remarkable effects, i.e., thick fibrosis around the vessels, and narrowing and **blocking** of their lumina, in two patients whom we later treated surgically: on patient was treated 14 months and the other 24 months following PAOSCLE therapy. Despite the inadequate sample size, this survey gave us encouraging indications for more active application of this method and simultaneous re-education with regard to daily habits, so that much better results can be expected in future.

9/7/100 (Item 17 from file: 73)
DIALOG(R)File 73: EMBASE

0072380274 **EMBASE No:** 1983160742
Treatment of varicose veins

DIE THERAPIE DER VARIZEN
May R.
Bozner Platz 6, A-6020 Innsbruck, Austria
Corresp. Author/Affil: : Bozner Platz 6, A-6020 Innsbruck, Austria

Therapiewoche (THERAPIEWOCHE) (Germany) July 14, 1983 , 33/1 (77-84)
CODEN: THEWA **ISSN:** 0040-5973
Document Type: Journal **Record Type:** Abstract
Language: German **Summary language:** English

A **permanent** removal of varicous **veins** is not possible since they are conditioned by the erect posture. Every patient should learn exercises for the release of pressure. Elastic stockings should be individually fitted. Before treatment of varicous **veins**, an examination of the arterial circulation is necessary and in the case of swelling of the lower foot a colour trace test of the lymph channels should be undertaken. Large varicous **veins** are stripped. A cautious approach should replace the now common radical operation in order to preserve sufficient **veins** for later bypass operations. Ligature only of large perforating **veins**. Secondary varicous **veins** may be **blocked** off if measurements of **venous** pressure show, that they are dispensible as subsidiaries. The **sclerotherapy** of varicous **veins**: precise treatment according to plan with careful compression binding and medication for the **veins** are largely effective when the latter are used in large doses over a treatment period of 2 or 3 months. Supplements of dehydroergotamine have been shown to be strengthening for the **veins**, but one should be careful regarding prolonged use. **Vein** ointments: rub onto the whole lower leg twice a day.

14164094 **PMID:** 11237897
Removal of periocular veins by sclerotherapy.

Green D
Department of Dermatology, Howard University Hospital, Washington, DC, USA.
drgreen@laserderm.net
Ophthalmology (United States) Mar 2001 , 108 (3) p442-8 , **ISSN:** 0161-6420--Print **Journal Code:** 7802443
Publishing Model Print; Comment in Ophthalmology. 2001 Mar;108(3) 433-4; Comment in PMID 11237894
Document type: Clinical Trial; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
PURPOSE: Prominent periocular veins, especially of the lower eyelid, are not uncommon and patients often seek their removal. **Sclerotherapy** is a procedure that has been successfully used to **permanently** remove varicose and telangiectatic veins of the lower extremity and less frequently at other sites. Although it has been successfully used to remove dilated facial veins, it is seldom performed and often not recommended in the periocular region for fear of complications occurring in adjacent structures. The purpose of this study was to determine whether sclerotherapy could safely and

effectively eradicate prominent periocular veins. DESIGN: Noncomparative case series. PARTICIPANTS: Fifty adult female patients with prominent periocular veins in the lower eyelid were treated unilaterally. PATIENTS AND METHODS: Sclerotherapy was performed with a 0.75% solution of sodium tetradecyl sulfate. All patients were followed for at least 12 months after treatment. MAIN OUTCOME MEASURES: Complete clinical disappearance of the treated vein was the criterion for success. RESULTS: All 50 patients were successfully treated with uneventful resorption of their ectatic periocular veins. No patient required a second treatment and there was no evidence of treatment failure at 12 months. No new veins developed at the treated sites and no patient experienced any ophthalmologic or neurologic side effects or complications. CONCLUSIONS: **Sclerotherapy** appears to be a safe and effective means of **permanently** eradicating periocular veins.

13/7/6 (Item 6 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

12027363 **PMID:** 8781939
Epinephrine or epinephrine plus alcohol for injection of bleeding ulcers: a prospective randomized trial.

Chung S C; Leong H T; Chan A C; Lau J Y; Yung M Y; Leung J W; Li A K
Department of Surgery, Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, Hong Kong.
Gastrointestinal endoscopy (UNITED STATES) Jun 1996 , 43 (6) p591-5 , **ISSN:** 0016-5107--Print **Journal Code:** 0010505
Publishing Model Print
Document type: Clinical Trial; Comparative Study; Journal Article; Randomized Controlled Trial
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
BACKGROUND: Rebleeding following epinephrine injection of bleeding peptic ulcers occurs in 10% to 20% of all cases. The addition of a **sclerosant** has the theoretical advantage of inducing vessel thrombosis and **permanent** hemostasis. METHODS: A prospective randomized controlled trial was conducted to compare injections with epinephrine alone or epinephrine plus absolute alcohol in patients with actively bleeding ulcers at endoscopy. Repeat endoscopy was performed 24 hours later; treatment was repeated in the presence of endoscopic signs of rebleeding. Surgery was performed when arterial bleeding could not be controlled endoscopically, clinical rebleeding with hematemesis or shock occurred, or the transfusion total exceeded 8 units. RESULTS: One hundred sixty patients were enrolled (epinephrine alone, 81; epinephrine and absolute alcohol, 79). They were matched in age, sex, location of ulcers, hemoglobin on admission, shock, and severity of bleeding. Initial hemostasis was comparable: 79 of 81 with epinephrine alone (97.5%) versus 75 of 79 with epinephrine and absolute alcohol (94.9%). No difference was observed between the two with respect to either rebleeding (9 vs 6), need for emergency operation (12 vs 9), transfusion requirement (median, three units vs two units), hospital stay (median, 5 days vs 4 days), mortality (4 vs 7) and ulcer healing at 4 weeks (50 vs 46). CONCLUSIONS: The additional injection of absolute alcohol after endoscopic epinephrine injection confers no advantage.

13/7/8 (Item 8 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

11842760 **PMID:** 8556262
Treatment of small bleeding varicose veins with injection sclerotherapy. Bleeding blue blebs.
Tretbar L L
Department of Clinical Surgery, University of Missouri-Kansas City School of Medicine, USA.
Dermatologic surgery - official publication for American Society for Dermatologic Surgery et al. (UNITED STATES) Jan 1996 , 22 (1) p78-80 , **ISSN:** 1076-0512--Print **Journal Code:** 9504371
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
BACKGROUND. Bleeding is a well-recognized but seemingly uncommon complication of varicose vein disease. Some deaths have occurred in which bleeding developed from vessels in the base of chronic venous ulcers. OBJECTIVE. To elucidate a more common type of venous bleeding that can be identified and treated by an experienced sclerotherapist. METHODS. The records of a group of patients with bleeding superficial phlebectasias, primarily on the feet and ankles, are reviewed. All patients received injection sclerotherapy after the initial bleeding episode. A comparison was made between those patients whose bleeding points were sutured in the emergency department and those who were treated only with compression. RESULTS. Suture-ligation of the bleeding site delayed healing when compared with simple compression. Concomitant injection **sclerotherapy** proved to be a successful and **permanent** method of treating these veins. No recurrent bleeding developed in any of the patients, even in those with previous episodes of bleeding. CONCLUSIONS. Initial treatment of the bleeding blue bleb requires only compression of the tiny open vessel. Later injection **sclerotherapy** provides a **permanent** method of obliterating the thin-walled veins and prevents future bleeding. It is essential to treat the entire incompetent venous system as well as the bleeding site itself.

13/7/25 (Item 6 from file: 5)
DIALOG(R)File 5: Biosis Previews(R)

0001602411 **Biosis No.:** 19664700006510
A histologic assessment of continuous compression sclerotherapy.

Author: FEGAN W G; FITZGERALD D E
Author Address: Sir Patrick Dun's Hosp., Dublin, Eire, Ireland, UK
Journal: ANGIOLOGY 16 ((8)): p 433-442 1965 1965
Document Type: Article
Record Type: Abstract
Language: Unspecified

Abstract: The production of a **permanent** occlusion in a vein following the **injection** of a **sclerosant** has been described. The importance of the relationship of the size of the thrombus and the thickness of the vein wall has been shown, and the bearing that this has on successful cellularization or organization has been demonstrated. The formation of peripheral sinuses and the development of an arteriovenous capillary network in the thrombus has been discussed, together with the significance of the effect of fluctuating intravenous pressure and external compression on the production of a permanent intravenous occlusion.

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  File   9:Business & Industry(R) Jul/1994-2009/Jul 11
         (c) 2009 Gale/Cengage
  File  15:ABI/Inform(R) 1971-2009/Jul 11
         (c) 2009 ProQuest Info&Learning
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  File 160:Gale Group PROMT(R) 1972-1989
         (c) 1999 The Gale Group
  File 148:Gale Group Trade & Industry DB 1976-2009/Jun 25
         (c) 2009 Gale/Cengage
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See HELP NEWS148.
  File 621:Gale Group New Prod.Annou.(R) 1985-2009/Jun 04
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         (c) 2009 McGraw-Hill Co. Inc
  File 635:Business Dateline(R) 1985-2009/Jul 13
         (c) 2009 ProQuest Info&Learning
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  File 444:New England Journal of Med. 1985-2009/Jul W1
         (c) 2009 Mass. Med. Soc.
  File 129:PHIND(Archival) 1980-2009/Jun W1
         (c) 2009 Informa UK Ltd


S1      17220   SCLEROSANT? ? OR SCLEROTHERAP? OR SCLEROS?(2N)(AGENT? ? OR
             INJECTION? ? OR DRUG? ? OR MEDICATION? ? OR MEDICINE? ? OR FO-
             RMULA? ? OR SOLUTION? OR FORMULATION? ? OR THERAP? OR TREATME-
             NT? ?)
S2       9441   S1/2004:2009
S3       7779   S1 NOT S2
limitall/s3
S4       1184   OCCLUD? OR BLOCK? OR OBSTRUCT? OR OCCLUSION? ?
S5       1089   VEIN OR VEINS OR VENOUS OR VASCULAR OR VARICOSE OR HEMORRH-
             OID? OR HEMORRHAG?  OR HAEMORRHAG? OR BLEEDING OR HAEMORRHOID?
              ?
S6       2044   PERMANENT? OR IRREVERS? OR "NOT"()REVERS? OR  LASTING OR S-
             TABLE OR FINAL OR LONG()TERM
S7         13   S4(S)S5(S)S6(S)S1
S8         12   RD  (unique items)
S9         29   S1(S)S4(S)S6
S10        77   S1(S)S5(S)S6
S11        93   S9 OR S10
S12        80   S11 NOT S7
S13        63   RD  (unique items)
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13/3,K/36 (Item 15 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)

01306323 **Supplier Number:** 11435207 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Varicose veins.

Hobbs, John T.
British Medical Journal , v303 , n6804 , p707(4)
Sept 21 ,
1991
Publication Format: Magazine/Journal
ISSN: 0959-8146
Language: English
Record Type: Fulltext; Abstract **Target Audience:** Professional
Word Count: 1495 **Line Count:** 00152
...draw attention to the performance of the stockings, and to clarify and simplify prescription.

Sclerotherapy

Veins can be eliminated either by **sclerotherapy** or operation and the two methods are complementary. Now that safe **sclerosants** are available all **veins** could be treated by injection if compression bandages could be applied and maintained for sufficient time. The aim of injection treatment is to place a small volume of an effective **sclerosant** in the lumen of the **vein**, which is then compressed to prevent formation of thrombus (clot). The compression must be maintained until **permanent** fibrosis has obliterated the lumen. After the initial period when the leg is bandaged, elastic...

...are so common and cause much long term morbidity they should be treated in special **veins** clinics because the more acute and potentially lethal conditions rightly take precedence in general and arterial surgical clinics. The **vein** clinics should be staffed by doctors who are equally enthusiastic and competent in both **sclerotherapy** and surgical treatment and are familiar with the problems. Consistently good results can be obtained...


```
S1       1791   SCLEROSANT? ? OR SCLEROTHERAP? OR SCLEROS?(2N)(AGENT? ? OR
                INJECTION? ? OR DRUG? ? OR MEDICATION? ? OR MEDICINE? ? OR FO-
                RMULA? ? OR SOLUTION? OR FORMULATION? ? OR THERAP? OR TREATME-
                NT? ?)
limitall/s1
S2        312   OCCLUD? OR BLOCK? OR OBSTRUCT? OR OCCLUSION? ?
S3        357   VEIN OR VEINS OR VENOUS OR VASCULAR OR VARICOSE OR HEMORRH-
                OID? OR HEMORRHAG?  OR HAEMORRHAG? OR BLEEDING OR HAEMORRHOID?
                 ?
S4        175   PERMANENT? OR IRREVERS? OR "NOT"()REVERS? OR  LASTING OR S-
                TABLE OR FINAL OR LONG()TERM
S5         17   S1 AND S2 AND S3 AND S4
S6         43   S1 AND S2 AND S4
S7        103   S1 AND S2 AND S3
S8         35   S1 AND S3 AND S4
S9        147   S5:S8
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9/25,K/91 (Item 91 from file: 350)
DIALOG(R)File 350: Derwent WPIX

0013351588 *Drawing available*
WPI Acc no: 2003-439448/200341
XRAM Acc no: C2003-116391
XRPX Acc No: N2003-350644
Administration of sclerotherapy to varicose vein involves isolating segment of varicose vein from blood flow through the vein, delivering sclerotherapeutic agents to isolated segment, and removing isolation from vein segment
Patent Assignee: JOMED GMBH (JOME-N)
Inventor: LEU A J

Patent Family (2 patents, 1 countries)				
Patent Number	**Kind**	**Date**	**Update**	**Type**
US 20030045860	A1	20030306	200341	B
US 6726674	B2	20040427	200429	E

Local Applications (no., kind, date): US 2001944143 A 20010904; US 2001944143 A 20010904
Priority Applications (no., kind, date): US 2001944143 A 20010904

Alerting Abstract US A1
NOVELTY - A **sclerotherapy** is administered to a **varicose vein** by isolating a segment of the **varicose vein** from blood flow through the **vein**; delivering **sclerotherapeutic** agents to the isolated segment, initiating **occlusion** of the **vein**; and removing isolation from the **vein** segment.
ACTIVITY - Cardiovascular.
No biological data given.
MECHANISM OF ACTION - None given.
USE - For administering a **sclerotherapy** to a **varicose vein**.
ADVANTAGE - The invention reduces or eliminates blood clotting distant from a treatment site (S). It reduces a quantity of foreign substances left in the body. It provides localized, minimally invasive delivery of therapeutic agents at a treatment site within a body lumen. As compared to previously known **sclerotherapy** techniques, a significantly higher concentration of **sclerotherapeutic** agents may be delivered directly to the treatment site. Additionally, the agents may be kept in residence at the treatment site for a length of time defined by a medical practitioner, rather than by flow conditions within the vessel. Further still, since it is expected that the portion of the agents will be aspirated from the patient prior to completion of the procedure, the patients systemic exposure to the agents is decreased. Significant efficacy benefits are expected.